

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		2				
13		2 1				
14		2 1				
15		2 1				
16		2 1				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26	1					
27		1				
28		/				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	38					
TOTAL CLAIMS	42					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
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61					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					